

**STATE OF SOUTH CAROLINA****(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Jackson Transfer and Storage, LLC**

**PO Box 181**

**Aiken, SC 29802**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET**

**NUMBER:** 2010 295-T  
2008 - 241-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Beth Jackson

**Telephone:** 803-648-4217

**Address:** PO Box 181

**Fax:** 803-648-3173

Aiken, SC 29802

**Other:** \_\_\_\_\_

**Email:** jacksontransfer@bellsouth.net

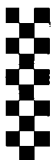
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority                   |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)         |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                      |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                                    |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order  |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                                 |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                                    |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response  |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                                    |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input checked="" type="checkbox"/> Other: <u>Request for Expedited Review</u> |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.





Ph: 803-648-4217 Fax: 803-648-3173

RE: Annual Report/Request for Reinstatement



**northAmerican.**  
VAN LINES

You should receive 9 pages, including cover sheet

# **Transportation CARRIER ANNUAL REPORT**

## **HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS OF**

**Jackson Transfer & Storage, LLC**

**Exact Legal Name of Respondent**

**PSC/ORS Number (leave blank)**

**FOR THE YEAR ENDED 2009**

☐ Calendar Year Ending December 31, 2009

or

☐ Fiscal Year Ending \_\_\_\_\_

